

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE

**UPGRADE OF DENTAL
ANESTHESIA AND ANALGESIA PERMIT**

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

1. Submit a **\$60.00** non-refundable application-processing fee, made payable to "DOPL."
2. If you are applying for a Class II Anesthesia and Analgesia permit, complete the following:
 - ☐ Submit a "Request for a Class II Anesthesia and Analgesia Permit" form.
 - ☐ Submit a copy of your current Basic Life Support course certification.
 - ☐ Submit an official letter from your anesthesia course director certifying the amount and type of anesthesia training received, the dates you received the training, and a statement that the course **conforms** to the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Parts I or III, of the American Dental Association, October 2007.
3. If you are applying for a Class III Anesthesia and Analgesia permit, complete the following:
 - ☐ Submit a "Request for a Class III Anesthesia and Analgesia Permit" form.

- ❑ Submit a copy of your current Advanced Cardiac Life Support (ACLS) course certification.
- ❑ Submit an official letter from your anesthesia course director **certifying you are competent** to administer parenteral conscious sedation and that the course conformed to the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Parts I or III, of the American Dental Association, October 2007. The documentation must show at least 60 didactic hours plus at least 20 observed cases.

NOTE: You must have a current Utah Controlled Substance license in good standing or have applied and have met the requirements. (*See #5 below.*)

4. If you are applying for a Class IV Anesthesia and Analgesia permit, complete the following:

- ❑ Submit a “Request for a Class IV Anesthesia and Analgesia Permit” form.
- ❑ Submit a copy of your current ACLS certification.
- ❑ Submit an official letter from your anesthesia course director **certifying you are competent** to administer general anesthesia and deep sedation that the course was not less than one year in length, and the course conformed to the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Part II, of the American Dental Association, October 2007.

NOTE: You must have a current Utah Controlled Substance license in good standing or have applied and have met the requirements. (*See #5 below.*)

5. If you are applying for a Utah controlled substance license, complete the following:

- ❑ Submit a completed take-home “Utah Controlled Substances Law and Rules Examination” (*pages 6 and 7 of this application*).
- ❑ Submit an additional \$100.00 non-refundable application-processing, made payable to “DOPL.”

ADDITIONAL IMPORTANT INFORMATION:

1. **Controlled Substances Law and Rules Examination:** Enclosed with this application is the take-home Utah Controlled Substances Law and Rules Examination. Return the completed examination with your application for licensure if you are applying for a controlled substance license in addition to your license. Do not submit it separately.

The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- ❑ Division of Occupational & Professional Licensing Act
- ❑ General Rules of the Division of Occupational & Professional Licensing
- ❑ Utah Dentist and Dental Hygienist Practice Act
- ❑ Utah Dentist and Dental Hygienist Practice Act Rules

- ❑ Utah Controlled Substances Act
 - ❑ Controlled Substance Act Rules of the Division of Occupational and Professional Licensing
2. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
 3. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
 4. **Controlled Substance License/DEA Registration:** You must hold a Utah controlled substance license **and** a DEA registration to administer, possess, or prescribe a controlled substance in your practice of dentistry in Utah. For DEA registration information, contact the Drug Enforcement Administration, Salt Lake District Office, 348 East South Temple, Salt Lake City, UT 84088. Telephone (801) 524-4389.
 5. **License Renewal:** All dental licenses expire May 31 of each even-numbered year. Additionally, if you possess a Utah controlled substance license, it will also expire at the same time as your dental license and will also need to be renewed.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

Please also note that a cashed check does not constitute issuance of a new or renewed license. Fee processing is simply the first step in the evaluation process.

6. **Continuing Education:** In order to renew your license you must complete at least 30 hours of qualified continuing education.
7. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.
8. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
9. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to "DOPL." Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL's main office – but not over the telephone.

10. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

11. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 – toll-free in Utah

12. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSURE

GENERAL INFORMATION:

License(s) Applying For: *(Check all that apply.)*

- ☐ CLASS II ANESTHESIA AND ANALGESIA PERMIT
- ☐ CLASS III ANESTHESIA AND ANALGESIA PERMIT
- ☐ CLASS IV ANESTHESIA AND ANALGESIA PERMIT
- ☐ UTAH CONTROLLED SUBSTANCE LICENSE

| | | | | | |
|---|----------------|-------------|-----------------|--------------|-----------------|
| ***Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.*** | | | | | |
| Last Name: | | First Name: | | Middle Name: | |
| Social Security Number: - - | | | Maiden Name: | | |
| I certify under penalty of perjury that: | | | | | |
| <input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: ____ | | | | | |
| <input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States. | | | | | |
| <input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: ____ | | | | | |
| <input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States. | | | | | |
| <input type="checkbox"/> I am a foreign national not physically present in the United States. | | | | | |
| Mailing Address: | | | City: | | State: ZIP: |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: | | Phone #: | | E-Mail: |
| List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i> | | | | | |
| Profession: | | | Issuing State: | | |
| License Number: | | | License Status: | Issue Date: | |
| Profession: | | | Issuing State: | | |
| License Number: | | | License Status: | Issue Date: | |

| | |
|---|--|
| DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY | |
| License/Certificate Number: _____ | |
| Date License/Certificate Approved: ____/____/____ | |
| Approved By: _____ | |
| Date License/Certificate Denied: ____/____/____ | |
| Denied By: _____ | |
| Reason for Denial/Other Comments: _____ | |

AFFIDAVIT and RELEASE AUTHORIZATION

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: _____ Date of Signature: ____ / ____ / ____

UTAH CONTROLLED SUBSTANCES LAW AND RULES EXAMINATION

This examination is not intended to be difficult. The purpose of the exam is to bring to your attention specific practice issues you need to know in order to avoid violating Utah statute as well as Utah law and rule. If you are uncertain about any of the questions listed below, please refer to the references listed in order to become familiar with Utah's controlled substance prescribing practices.

Utah Controlled Substances Act, 58-37 <http://dopl.utah.gov/laws/58-37.pdf>
Utah Controlled Substances Act Rule, R156-37 <http://dopl.utah.gov/laws/R156-37.pdf>

Answer “**True**” or “**False**” for each statement. Submit this completed examination with your application for licensure.

| | |
|--|--|
| <input type="checkbox"/> True <input type="checkbox"/> False | 1. A prescription for a schedule II controlled substance may be filled in a quantity not to exceed a 30 day supply. |
| <input type="checkbox"/> True <input type="checkbox"/> False | 2. A prescription for a schedule III or IV controlled substance may be refilled 5 times within a six month period from the issue date of the prescription. |
| <input type="checkbox"/> True <input type="checkbox"/> False | 3. All prescription orders must be signed in ink or indelible pencil to prevent anyone from altering a legitimate prescription. |
| <input type="checkbox"/> True <input type="checkbox"/> False | 4. Licensed prescribing practitioners must make their controlled substance stock and records available to DOPL personnel for inspection during regular business hours. |
| <input type="checkbox"/> True <input type="checkbox"/> False | 5. All records of purchasing, prescribing, and administering controlled substances must be maintained by the licensed prescribing practitioner for at least five years. |
| <input type="checkbox"/> True <input type="checkbox"/> False | 6. The name, address, and DEA registration number of the prescribing practitioner, and the name, address and age of the patient are required to be included on the prescription for a controlled substance. |
| <input type="checkbox"/> True <input type="checkbox"/> False | 7. A controlled substance is taken according to the prescriber's instructions. A refill may be dispensed after 80% of the medication has been consumed. |
| <input type="checkbox"/> True <input type="checkbox"/> False | 8. After the discovery of any theft or loss of a controlled substance, the prescribing practitioner is required to file the appropriate forms with the DEA, report the incidence to the local police, and send copies of the filed DEA forms to DOPL. |
| <input type="checkbox"/> True <input type="checkbox"/> False | 9. The maximum number of controlled substances that can be written on a single prescription form is one. |
| <input type="checkbox"/> True <input type="checkbox"/> False | 10. An emergency verbal prescription order for a schedule II controlled substance requires that the patient be under the continuing care of the prescribing practitioner for a chronic disease, the amount of drug prescribed is limited to what is needed to adequately treat the patient for no more than 72 hours, and a written prescription shall be delivered to the filling pharmacy within 7 working days of the verbal order. |
| <input type="checkbox"/> True <input type="checkbox"/> False | 11. Issuing a prescription for a schedule II or III controlled substance for yourself is considered unprofessional conduct and may result in disciplinary action. |
| <input type="checkbox"/> True <input type="checkbox"/> False | 12. A prescribing practitioner is using a schedule IV controlled substance in the treatment of weight reduction for obesity. The practitioner has completed a medical history of the patient, has performed a complete physical examination, has ruled out contra-indications, and has determined that the health benefits of treatment greatly out-weigh the risks. An informed consent signed by the patient is also required prior to initiating treatment. |
| <input type="checkbox"/> True <input type="checkbox"/> False | 13. The Division will immediately suspend the Utah controlled substance license if the DEA registration is denied, revoked, surrendered, or suspended. |

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DENTIST QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
11. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
12. _____ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?

(Continued on the next page.)

13. _____ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
14. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
15. _____ Have you been named as a defendant in a malpractice suit?
16. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
17. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
18. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
19. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
20. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
21. _____ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
22. _____ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
23. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
24. _____ Do you currently have any criminal action pending?
25. _____ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.

(Continued on the next page.)

26. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
27. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
28. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



If you answered “yes” to questions 24, 25, 26, 27, or 28 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.



If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

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REQUEST FOR A CLASS II ANESTHESIA AND ANALGESIA PERMIT

Applicant Name: _____

ANESTHESIA TRAINING:

1. Program Name / Institution: _____

Dates Attended: ____/____/____ to ____/____/____ Certificate Awarded: _____

2. Program Name / Institution: _____

Dates Attended: ____/____/____ to ____/____/____ Certificate Awarded: _____

AFFIDAVIT:

I declare under penalty of perjury as follows:

1. My anesthesia courses conform to the American Dental Association's Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Parts I or III, October 2007.
2. I have and will maintain current BCLS certification.
3. My patient care staff will maintain current CPR or BCLS certification.
4. Every patient under nitrous oxide administration will have continuous in-operatory observation by a member of the dental patient care staff.
5. Nitrous oxide and oxygen flow rates and sedation duration and clearing times will be appropriately documented in patient record.
6. Reasonable and prudent controls and equipment are in place and followed in regard to nitrous oxide to ensure the health and safety of patients, dental office personnel, and the general public.
7. The dental facility is equipped with adequate and appropriate equipment, in good working order, to assess vital signs.
8. Equipment used in the administration of nitrous oxide has a scavenging system and all gas delivery units have an oxygen fail-safe system.

Signature of Applicant: _____ Date: ____/____/____

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REQUEST FOR A CLASS III ANESTHESIA AND ANALGESIA PERMIT

Applicant Name: _____

ANESTHESIA TRAINING:

1. Program Name / Institution: _____
Dates Attended: ____/____ to ____/____ Certificate Awarded: _____
2. Program Name / Institution: _____
Dates Attended: ____/____ to ____/____ Certificate Awarded: _____

AFFIDAVIT:

I declare under penalty of perjury as follows.

1. My anesthesia courses conform to the American Dental Association's Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Parts I or III of the American Dental Association, October 2007.
2. I have and will maintain current ACLS certification.
3. My patient care staff will maintain current CPR or BCLS certification.
4. I have, or am applying for, and will maintain a Utah controlled substance license.
5. Every patient under nitrous oxide administration will have continuous in-operatory observation by a member of the dental patient care staff.
5. Reasonable and prudent controls and equipment are in place or are exercised over all nitrous oxide administration, equipment and tanks to ensure the health and safety of patients, dental office personnel and the general public.
6. Equipment used in the administration of nitrous oxide has a scavenging system and all gas delivery units have an oxygen fail-safe system.

(Continued on the next page.)

7. The facility in which I work has adequate and appropriate monitoring equipment, including pulse oximetry, current emergency drugs, and equipment capable of delivering oxygen under positive pressure.
8. The patient's heart rate, blood pressure, respiratory rate and responsiveness will be checked at specific intervals during the anesthesia and recovery period and such observations will be appropriately recorded in the patient record.
9. Inhalation agents' flow rates and sedation duration and clearing times are appropriately documented in the patient record.
10. A minimum of two qualified persons as defined by rule will be present during the administration of parenteral conscious sedation.

Signature of Applicant: _____ Date: ____/____/____

REQUEST FOR A CLASS IV ANESTHESIA AND ANALGESIA PERMIT

Applicant Name: _____

ANESTHESIA TRAINING:

1. Program Name/Institution: _____
Dates Attended: ____/____/____ to ____/____/____ Certificate Awarded: _____
2. Program Name/Institution: _____
Dates Attended: ____/____/____ to ____/____/____ Certificate Awarded: _____

AFFIDAVIT:

I declare under penalty of perjury as follows.

1. I have successfully completed at least one year of advanced training in administration of general anesthesia and deep sedation. All courses conform to the American Dental Association's Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Part II, October 2007.
2. I have successfully completed advanced training in obtaining a health history, performing a physical examination and diagnosis of a patient consistent with the administration of general anesthesia or deep sedation.
3. I have and will maintain current ACLS certification and a current Utah controlled substance license.
4. My patient care staff will maintain current CPR or BCLS certification.
5. Every patient under nitrous oxide administration will have continuous in-operatory observation by a member of the dental patient care staff.
6. Reasonable and prudent controls and equipment are in place or are exercised over all nitrous oxide administration, equipment and tanks to ensure the health and safety of patients, dental office personnel and the general public.
7. Equipment used in the administration of nitrous oxide has a scavenging system and all gas delivery units have an oxygen fail-safe system.

8. Inhalation agents' flow rates and sedation duration and clearing times are appropriately documented in the patient record.
9. The facility in which I will practice is equipped with precordial stethoscope for continuous monitoring of cardiac function and respiratory work, electrocardiographic monitoring and pulse oximetry, means of monitoring blood pressure, and temperature monitoring; the preceding or equivalent monitoring of the patient will be used for all patients during all general anesthesia or deep sedation procedures with temperature monitoring used for children.
10. Equipment will be immediately available to treat emergencies, including advanced airway equipment, resuscitation medications, and defibrillator.
11. Monitoring and emergency equipment is inspected annually by a certified technician and is calibrated and in good working order.
12. A minimum of two qualified persons as defined by rule will be present during the administration of parenteral conscious sedation.
13. Three qualified and appropriately trained individuals, as set forth in rule will be present during the administration of general anesthesia or deep sedation.

Signature of Applicant: _____ Date: ____/____/____